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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

### Office Action Summary

**Application No.**

10/630,328

**Applicant(s)**

JENSEN, DAVID H.

**Examiner**

RAJIV J. RAJ

**Art Unit**

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 30 July 2003.  
2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.  
3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-36 is/are pending in the application.  
4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.  
5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.  
6) ☒ Claim(s) 1-36 is/are rejected.  
7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.  
8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.  
10) ☒ The drawing(s) filed on 30 July 2003 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
a) ☐ All b) ☐ Some \* c) ☐ None of:  
1. ☐ Certified copies of the priority documents have been received.  
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)  
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)  
3) ☒ Information Disclosure Statement(s) (PTO-893)  
4) ☐ Interview Summary (PTO-413)  
5) ☐ Notice of Informal Patent Application  
6) ☐ Other: \_\_\_\_\_  
Paper No(s)/Mail Date 30 July 2003

## **DETAILED ACTION**

### **Status of Claims**

1. This action is in reply to the application filed on 30 July 2003.
2. Claims 1-36 have been elected.
3. Claims 37-55 were not elected.
4. Claims 1-36 are currently pending and have been examined.

### **Priority**

5. Applicant's claim for the benefit of a prior-filed application under 35 U.S.C. 119(e) or under 35 U.S.C. 120, 121, or 365(c) is acknowledged.

### **Information Disclosure Statement**

6. The Information Disclosure Statements filed 30 September 2005 have been considered. Initialed copies of the Form 1449 are enclosed herewith.

### **Claim Rejections - 35 USC § 103**

7. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

8. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.

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4. Considering objective evidence present in the application indicating obviousness or nonobviousness.
9. Claims 1-15 and 17-19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans (US 5924074) (hereinafter Evans) in view of Walter et al. (US 2003/0154110 A1) (hereinafter Walter) in further view of Penny et al. (US 2002/0082870 A1) (hereinafter Penny).

**Examiner's Note:** The Examiner has pointed out particular references contained in the prior art of record within the body of this action for the convenience of the Applicant. Although the specified citations are representative of the teachings in the art and are applied to the specific limitations within the individual claim, other passages and figures may apply. Applicant, in preparing the response, should consider fully the entire reference as potentially teaching all or part of the claimed invention, as well as the context of the passage as taught by the prior art or disclosed by the Examiner.

#### Claim 1

Evans as shown discloses the following limitation:

- *assigning the medical source document to a work queue defined for specific medical treatment types; (see at least Evans Column:9 Lines:15-37)*

Evans does not disclose the following limitations, however Walter, as shown does:

- *receiving a medical source document for a health care provider; (see at least Walter [0042])*
- *allowing the medical coder to electronically code the medical source document to create coded medical information; (see at least Walter [0026], [0027])*
- *transmitting the coded medical information including encoded treatment procedures to the health care provider electronically; (see at least Walter [0026], [0027], Fig:1c & related text)*

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the

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motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling a medical coder to access the medical source document in the work queue through a computer network;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

#### **Claim 2**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 1. Evans further discloses the following limitation:

- *creating coded medical information by enabling the medical coder to extract information from the medical source document;* (see at least Evans Column:12 Lines:35-57 Fig:23 Items:102-376 & related text)

#### **Claim 3**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 1. Evans further discloses the following limitation:

- *transmitting the coded medical information to the health care provider further comprises the step of transmitting the coded medical information to the health care provider via an electronic communication means selected from the group of electronic communication means consisting of a fax, secure file transfer protocol (FTP), a web browser and email;* (see at least Evans Fig:24 Item:412 & related text)

#### **Claim 4**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 1. Walter further discloses the following limitation:

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- *transmitting enabling a medical coder to access the medical source document in the work queue through a computer network further comprises the step of enabling a medical coder to access the medical source document via a computer network that is a local area network (LAN), wide area network (WAN), or Internet; (see at least Walter [0066])*

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

#### **Claim 5**

Evans as shown discloses the following limitation:

- *facilitating the electronic creation of coded medical information including encoded treatment procedures based on the medical source document as analyzed by the medical coder; (see at least Evans Column:12 Lines:35-53)*

Evans does not disclose the following limitations, however Walter, as shown does:

- *receiving a medical source document for a health care provider into a hosting server enabled to receive the medical source document; (see at least Walter [0042], Fig:1a Items:10,12,100-112 & related text)*
- *transmitting the coded medical information to the health care provider; (see at least Walter [0026], [0027], Fig:1c & related text)*

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

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- *enabling a medical coder to access the medical source document on the hosting server via a computer network coupled to the hosting server; (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

**Claim 6**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 5. Walter further discloses the following limitation:

- *enabling the medical coder to access the medical source document on the hosting server via a network selected from the group of networks consisting of a local area network (LAN), wide area network (WAN), and Internet; (see at least Walter [0066])*

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

**Claim 7**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 5. Evans further discloses the following limitation:

- *distributing medical source documents to the medical coder using a plurality of categorized work pools; (see at least Evans Column:9 Lines:15-37)*

**Claim 8**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 7. Evans further discloses the following limitation:

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- *distributing medical source documents to the medical coder using a plurality of prioritized work queues;* (see at least Evans Column:9 Lines:15-37)

#### **Claim 9**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 5. Evans further discloses the following limitation:

- *enabling a medical coder to access the medical source document further comprises the step of distributing medical source documents to a plurality of medical coders via a computer network coupled to the hosting server to allow conversion of the medical source documents to coded medical information;* (see at least Evans Column:12 Lines:35-53)

#### **Claim 10**

Evans as shown discloses the following limitation:

- *facilitating the electronic creation of processed medical data based on the medical source document analyzed by a medical documentation handler;* (see at least Evans Column:12 Lines:35-53)

Evans does not disclose the following limitations, however Walter, as shown does:

- *receiving a medical source document for a health care provider enabled to receive the medical source document;* (see at least Walter [0042])
- *transmitting the processed medical data to the health care provider;* (see at least Walter [0026], [0027], Fig:1c & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:



- *enabling a medical documentation handler to access the medical source document on the hosting server via a computer network coupled to the hosting server;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

#### **Claim 11**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 10. Evans further discloses the following limitation:

- *restricting the medical documentation handler from being able to save the medical source document on a local computer;* (see at least Evans Column:15 Lines:8-31)

#### **Claim 12**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 10. Evans further discloses the following limitation:

- *retaining the medical source document on the hosting server while enabling the medical documentation handler to process the medical source document on a local computer;* (see at least Evans Column:5 Lines:1-28, fig:24 Items:414-418 & related text)

#### **Claim 13**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 10. Walter further discloses the following limitation:

- *facilitating the electronic creation of processed medical data further comprises the step of facilitating the electronic creation of coded medical information that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:244 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for

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managing and prioritizing patient information and documentation, for improved quality in health care.

(see at least Walter [0002])

**Claim 14**

Evans as shown discloses the following limitation:

- *a plurality of coding queues within the coding server to which the medical source documents are assigned and through which a medical coder can access the medical source documents and create coded medical information from the medical source document;* (see at least Evans Column:9 Lines:31-37 & Column:12 Lines:35-53)

Evans does not disclose the following limitations, however Walter, as shown does:

- *a plurality of electronic inputs configured to receive medical source documents for a health care provider;* (see at least Walter Fig:1a Items:100-104 & related text)
- *a coding server, coupled to the electronic inputs, having electronic storage to store the medical source documents received;* (see at least Walter Fig:1a Items:10,12 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *a plurality of electronic output channels configured to transmit the coded medical information to the health care provider;* (see at least Penny Fig:1 Items:19-39 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

**Claim 15**

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The combination of Evans/Walter/Penny disclose all the limitations of Claim 14. Evans further discloses the following limitation:

- *the electronic output channels are selected from the group of electronic output channels consisting of a fax, a secure file transfer protocol (FTP), a web browser and email; (see at least Evans Fig:24 Item:412 & related text)*

#### **Claim 17**

Evans as shown discloses the following limitations:

- *converting the treatment record to a medical source document; (see at least Evans Fig:17B Item:296, Fig:23 Items:102,106 & related text)*
- *assigning the medical source document to a work queue defined for a specific medical specialty; (see at least Evans Column:9 Lines:31-37)*
- *allowing the medical coder to code the medical source document which creates coded medical information; (see at least Evans Column:12 Lines:35-53)*

Evans does not disclose the following limitation, however Walter, as shown does:

- *receiving a treatment record from a health care service provider; (see at least Walter [0042], Fig:1a Items:10,12,100-112, Fig:7 Items:700,712 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of Walter into Evans. One of ordinary skill in the art would have added this feature into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling a medical coder to access the medical source document in the work queue through a computer network; (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with

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the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

**Claim 18**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 17. Evans further discloses the following limitation:

- *converting the treatment record to a medical source document further comprises the step of transcribing the treatment record into a medical source document;* (see at least Evans Fig:23 Items:102-376 & related text)

**Claim 19**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 17. Evans further discloses the following limitation:

- *converting the treatment record to a medical source document further comprises the step of scanning the treatment record into a medical source document;* (see at least Evans Fig:23, Fig:24 Item:424 & related text)

10. Claims 16 & 20-36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans in view of Walter in view of Penny in further view of White et al. (US 2004/0019501 A1) (hereinafter White).

**Claim 16**

The combination of Evans/Walter/Penny disclose all the limitations of Claim 14. White further discloses the following limitation:

- *medical source documents are assigned to the plurality of coding queues based on a priority value assigned to the medical source documents;* (see at least White [0047])

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

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**Claim 20**

Evans as shown discloses the following limitations:

- *assigning the electronic medical source document to a work pool defined for specific medical treatment types;* (see at least Evans Column:9 Lines:31-37)
- *allowing the medical coder to code the medical source document which creates coded medical information;* (see at least Evans Column:12 Lines:35-53)

Evans does not disclose the following limitation, however Walter, as shown does:

- *transmitting the coded medical information to the health care provider;* (see at least Walter [0026] & [0027])

It would have been obvious to one of ordinary skill in the art to add the feature of Walter into Evans. One of ordinary skill in the art would have added this feature into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling a enabling a medical coder to access the electronic medical source document;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans, Walter and Penny do not disclose the following limitations, however White, as shown does:

- *prioritizing the electronic medical source document for further processing based on priority factors;* (see at least White [0047] & [0050])
- *accompanied by a priority designation in the work queue through a computer network;* (see at least White Claim:1)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into

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Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 21**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *assigning the electronic medical source document to a work pool defined for specific medical treatment types further comprises the step of assigning the electronic medical source document to a work pool defined for medical specialties or sub-specialties; (see at least Evans Column:9 Lines:31-37)*

**Claim 22**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *dividing the electronic medical source documents into a plurality of work queues; (see at least Evans Column:9 Lines:31-37)*

**Claim 23**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 22. Evans further discloses the following limitation:

- *prioritizing the electronic medical source document in a work queue based on the remaining turnaround time available; (see at least White Fig:4A Item:412 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 24**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 22. Evans further discloses the following limitation:

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- *prioritizing the electronic medical source document in a work queue based on the percentage of coded medical information that is to be coded before a defined deadline;* (see at least White Fig:4A Item:412 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 25**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *organizing the electronic medical source documents into batches in a work queue and then prioritizing the batches to allow for efficient coding;* (see at least Evans Column:9 Lines:31-37)

**Claim 26**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 22. Evans further discloses the following limitation:

- *dividing the electronic medical source documents into priority electronic medical source documents from health care providers and non-priority electronic medical source documents from health care providers;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 27**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 26. Evans further discloses the following limitation:

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- *prioritizing the electronic medical source document in a work queue based on the percentage of coded medical information that is to be coded before a defined deadline;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 28**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 27. Evans further discloses the following limitation:

- *prioritizing the electronic medical source document in a work queue based on the percentage of coded medical information that is to be coded before a defined deadline;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 29**

Evans as shown discloses the following limitations:

- *create coded medical information from the medical source document;* (see at least Evans Column:12 Lines:35-53)

Evans does not disclose the following limitations, however Walter, as shown does:

- *a plurality of electronic inputs configured to receive a medical source document for a health care provider;* (see at least Walter Fig:1a Items:100-104 & related text)
- *a hosting server, coupled to the electronic inputs, having electronic storage to store the medical source document received;* (see at least Walter Fig:1a Items:10,12 & related text)



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It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *a plurality of electronic output channels configured to transmit the coded medical information to the health care provider;* (see at least Penny Fig:1 Items:19-39 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans, Walter and Penny do not disclose the following limitations, however White, as shown does:

- *a plurality of coding queues within the hosting server to which the medical source document is assigned based on a priority designation assigned to the medical source document;* (see at least White [0047] & [0050])
- *a networked interface through which a medical coder can access the medical source document with the priority designation;* (see at least White Claim:1)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

### **Claim 30**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 29. Evans further discloses the following limitation:

- *electronic medical source documents are divided into a plurality of work pools based on specific medical treatment types;* (see at least Evans Column:9 Lines:15-37)

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**Claim 31**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 29. White further discloses the following limitation:

- *priority designation assigned to the medical source document is based on the remaining turnaround time available; (see at least White Fig:4A Item:412 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 32**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 29. White further discloses the following limitation:

- *priority designation assigned to the medical source document is based on the percentage of coded medical information that are to be coded before a pre-defined deadline; (see at least White Fig:4A Item:412 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

**Claim 33**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 29. Evans further discloses the following limitation:

- *electronic medical source documents are organized into batches in a work pool and the batches are prioritized to allow for efficient coding; (see at least Evans Column:9 Lines:15-37)*

**Claim 34**

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The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 29. White further discloses the following limitation:

- *electronic medical source documents are divided into priority electronic medical source documents from health care providers and non-priority electronic medical source documents from health care providers; (see at least White [0044] & [0047])*

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

#### **Claim 35**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 34. White further discloses the following limitation:

- *electronic medical source documents are divided into priority electronic medical source documents from health care providers assigned to the medical coder and priority electronic medical source documents from health care providers not assigned to the medical coder; (see at least White [0044] & [0047])*

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

#### **Claim 36**

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 35. White further discloses the following limitation:

- *electronic medical source documents are divided into non-priority electronic medical source documents from health care providers assigned to the medical coder and non-priority electronic medical source documents from health care providers not assigned to the medical coder; (see at least White [0044] & [0047])*

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

### Conclusion

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Rajiv J. Raj** whose telephone number is **571-270-3930**. The Examiner can normally be reached on Monday-Friday, 7:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Luke Gilligan** can be reached at **571.272.6770**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://portal.uspto.gov/external/portal/pair> <<http://pair-direct.uspto.gov>>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

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Date: 08/15/08

/Rajiv J Raj/ Patent Examiner Art Unit 3626

/C Luke Gilligan/

Supervisory Patent Examiner, Art Unit 3626